

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-009,950	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1												
2		1											
3	1												
4	1												
5		21											
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TOTAL IND.	4												
TOTAL DEP.	7												
TOTAL CLAIMS	11												